

Complete for new installs and upgrades that require interstitial monitoring

Submit To: Kansas Department of Health and Environment
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367

Date of Test:

Worker ID: _____

Company ID: _____

Signature: _____

Phone: 785-296-8061 Fax: 785-296-6190

- a. Facility Name: _____
- b. Facility Address: _____
(Street) (City) (State) (ZIP)
- c. Contact Person: _____ Phone: _____

- a. Owner Name: _____
- b. Owner Address: _____
(Street) (City) (State) (ZIP)
- c. Owner Contact Person: _____ Phone: _____

Include copies of the alarm history and current sensor status reports for each sensor tested.

[illegible]